

**Q1 2019 Payment Limit Report for Rheumatology/Gastroenterology**

CMS has released the Q1 2019 drug pricing files for both average sales price (ASP) and not otherwise classified (NOC) drugs. These changes are effective **January 1, 2019**, and will remain in effect until either a correction or the next scheduled update is made by CMS.

The data used for the Q1 2019 reimbursement files is based on the Q3 2018 sales data submitted to CMS by drug manufacturers. We encourage you to review the revised drug payment limit files, including reimbursement allowables on NOC drugs, on the [CMS Website](#).

**2% Sequestration Cut to Medicare Reimbursements**

Due to sequestration, a 2% cut to Medicare payments has been applied to providers with services dates on or after April 1, 2013. As a result, the effective rate for office-administered drugs will be ASP+4.3%. However, the underlying allowable will remain at ASP+6%, which may be a basis for private payer reimbursement rates. We encourage you to check with your private payers to understand their allowable rates for physician fee schedule Part B drugs.

Drug	HCPCS Code	Billing Unit	Q4 2018 ASP+6%	Q1 2019 ASP+6%	% Change
Abatacept (ORENCIA®)	J0129	10 MG	\$52.93	\$51.61	-2.49%
Belimumab injection (BENLYSTA®)	J0490	10 MG	\$44.16	\$44.16	0.01%
Buprenorphine implant 74.2mg	J0570	74.2 MG	\$1,260.23	\$1,269.91	0.77%
Certolizumab (CIMZIA®)	J0717	1 MG	\$8.14	\$7.89	-3.03%
Denosumab (PROLIA®/ XGEVA®)	J0897	1 MG	\$18.58	\$18.61	0.17%
Filgrastim G-CSF (NEUPOGEN®)	J1442	1 MCG	\$1.02	\$1.00	-1.19%
Golimumab (Simponi® Aria™)	J1602	1 MG	\$24.01	\$23.33	-2.81%
Hyaluronan (EUFLEXXA®)	J7323	PER DOSE	\$141.47	\$141.03	-0.32%
Hyaluronan (ORTHOVISC®)	J7324	PER DOSE	\$147.79	\$146.91	-0.60%
Hyaluronic acid (SYNVISC)	J7325	1 MG	\$11.83	\$11.86	0.32%
Ibandronate (BONIVA®)	J1740	1 MG	\$56.24	\$55.44	-1.42%
Immune globulin (BIVIGAM™)	J1556	500 MG	\$70.52	\$70.52	0.00%
Immune globulin (FLEBOGAMMA™)	J1572	500 MG	\$35.07	\$34.40	-1.92%
Immune globulin (GAMMAPLEX®)	J1557	500 MG	\$52.06	\$45.89	-11.86%
Immune globulin (GAMUNEX®-C, GAMMAKED™)	J1561	500 MG	\$39.49	\$40.11	1.58%
Immune globulin (OCTAGAM®)	J1568	500 MG	\$36.72	\$35.47	-3.41%
Immune globulin (PRIVIGEN®)	J1459	500 MG	\$39.63	\$40.32	1.73%
Immune globulin, liquid (GAMMAGARD®)	J1569	500 MG	\$43.14	\$42.23	-2.12%

Drug	HCPCS Code	Billing Unit	Q4 2018 ASP+6%	Q1 2019 ASP+6%	% Change
Infliximab (REMICADE®)	J1745	10 MG	\$78.83	\$76.65	-2.78%
Infliximab biosimilar (INFLECTRA®)	Q5103	10 MG	\$61.36	\$57.28	-6.67%
Infliximab biosimilar (RENFLEXIS®)	Q5104	10 MG	\$64.38	\$61.90	-3.86%
Methylprednisolone Acetate Injection	J2920	40 MG	\$4.72	\$4.87	3.29%
Methylprednisolone Acetate Injection	J2930	125 MG	\$6.94	\$6.93	-0.21%
Pamidronate Disodium	J2430	30 MG	\$9.54	\$11.91	24.83%
Pegloticase (KRYSTEXXA®)	J2507	1 MG	\$2,334.59	\$2,361.05	1.14%
Ramucirumab (CYRAMZA®)	J9308	5 MG	\$57.68	\$57.62	-0.10%
Rituximab 10 mg and hyaluronidase (RITUXAN® HYCELA)	J9311	10 MG	#N/A	\$46.64	
Rituximab, (RITUXAN®)	J9312	10 MG	#N/A	\$95.40	
Sodium Hyaluronate (HYALGAN®/ SUPARTZ®)	J7321	PER DOSE	\$85.30	\$79.91	-6.33%
Tocilizumab (ACTEMRA®)	J3262	1 MG	\$4.73	\$4.93	4.15%
Triamcinolone Acetonide XR Injection (Zilretta)	J3304	1 MG	#N/A	\$18.88	
Ustekinumab (STELARA®)	J3357	1 MG	\$191.03	\$184.05	-3.66%
Vedolizumab inj (ENTYVIO®)	J3380	1 MG	\$19.58	\$20.04	2.35%
Zoledronic Acid (ZOMETA®/RECLAST®)	J3489	1 MG	\$12.45	\$12.75	2.39%

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